

# AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE:    ☒ IXC    ☐ CLEC    ☐ ILEC    ☐ Wireless

223259

1997.45C

## CERTIFICATED COMPANY INFORMATION

Custom Network Solutions, Inc. \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 \_\_\_\_\_ (201) 845-4555 \_\_\_\_\_  
 Dbafka Telephone # \_\_\_\_\_  
 210 Route 4 East, Suite 102 \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Paramus NJ 07652 \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Same as above \_\_\_\_\_  
 Business Location \_\_\_\_\_  
 \_\_\_\_\_ Bergen \_\_\_\_\_  
 City, State, Zip Code County

## REGISTERED AGENT INFORMATION

Registered Agent: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A. Joseph Pugliese  
**General Manager** (Include address if different than above.)  
 (201) 845-4555 / (201) 845-5005 / jpugliese@cnsny.net  
 Telephone Number Facsimile Number E-mail Address
- B. Stefanie Miller  
**Customer Relations /Complaints Representative** (Include address if different than above.)  
 (201) 845-4555 / (201) 845-5005 / smiller@cnsny.net  
 Telephone Number Facsimile Number E-mail Address
- C1. Joseph Pugliese  
**Customer Relations/Complaints Representative for Escalated Complaints** (Include address if different than above.)  
 (201) 845-4555 / (201) 845-5005 / jpugliese@cnsny.net  
 Telephone Number Facsimile Number E-mail Address
- C2. (800) 809-0663  
**Customer Contact (Toll Free Number)**
- D. \_\_\_\_\_  
**Engineering Operations** (Include address if different than above.)  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Telephone Number Facsimile Number E-mail Address
- E. Matthew Kennedy  
**Test and Repair** (Include address if different than above.)  
 (201) 845-4555 / (201) 845-5005 / mkennedy@cnsny.net  
 Telephone Number Facsimile Number E-mail Address

F. Matthew Kennedy  
**Emergencies** (During non-office hours)  
(201) 845-4555 / (201) 845-5005 / mkennedy@cnsny.net  
Telephone Number Facsimile Number E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

G. Laura Chai  
**Regulatory Officer** (Include address if different than above.)  
(201) 845-4555 / (201) 845-5005 / lchai@cnsny.net  
Telephone Number Facsimile Number E-mail Address

H. \_\_\_\_\_  
**Dual Party Mailings** (Name)  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

I. \_\_\_\_\_  
**Interim LEC Fund Mailings** (Name)  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

J. Laura Chai  
**Universal Service Fund Mailings** (Name)  
210 Route 4 East Suite 102 Paramus NJ 07652  
Mailing Address  
(201) 845-4555 / (201) 845-5005 / lchai@cnsny.net  
Telephone Number Facsimile Number E-mail Address

K. Laura Chai  
**Gross Receipts Mailings** (Name)  
210 Route 4 East Suite 102 Paramus NJ 07652  
Mailing Address  
(201) 845-4555 / (201) 845-5005 / lchai@cnsny.net  
Telephone Number Facsimile Number E-mail Address

L. \_\_\_\_\_  
**Lifeline Mailings** (Name)  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

Laura Chai  
This form was completed by (print name)

Laura Chai  
Signature

\_\_\_\_\_  
Controller  
Title

3/30/2010  
Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Docketing Department**  
Post Office Drawer 11649  
Columbia, South Carolina 29211

Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201

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